

Abstracts

315

of respondents were female (70%), with an average age of 50.6 years and incomes < \$40,000 ($n = 70$). Preference scores for HUI3, EQ5D and EQVAS were 0.62, 0.64, and 0.66 respectively. Average score for AQLQ was 4.46 and for norm based PCS, and MCS, 40.07 and 46.94, respectively. Patients reported to be WTP US\$89 and US\$62 per month for an asthma cure and treatment, respectively. Pearson r correlations between generic HRQOL instruments (HUI3, EQ5D and EQVAS) and AQLQ were moderate to high in the predicted direction ($r = 0.434$ to 0.689 , $p < 0.01$). PCS and MCS scores correlated moderately with preference based measures ($r = 0.306$ to 0.628 , $p < 0.05$). WTP for an asthma treatment was moderately correlated with AQLQ and its dimensions ($p < 0.05$). **CONCLUSION:** Study findings show a preference based disease specific measure was a better predictor of WTP than a non preference based metric. This can be explained by additional sensitivity of a disease specific measure and the underlying utility framework purported to underlie WTP and utility measures.

PAA19

CONSUMER SATISFACTION WITH ASTHMA TREATMENT—WHAT MATTERS?

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OBJECTIVE: To estimate which (input) factors influence patients' satisfaction of asthma treatment and what impact each factor has on the overall satisfaction. A secondary objective is to look how outcome variables, as compliance/adherence and health-related quality of life (HRQL), and are connected with the overall satisfaction. **METHODS:** To be able to estimate which factors that are determining patient satisfaction with asthma treatment a questionnaire regarding features of the drug, the physician, the nurse, the availability of the centre, compliance, and health related quality of life was administrated. A total of 599 patients with asthma, aged 18–65 years, from 17 centres in Sweden completed the questionnaire. A Patient Satisfaction Index (PSI) was estimated and each factors impact on the overall satisfaction was analysed. The statistical technique applied for this analysis was Partial Least Squares (PLS), which is well suited for structural equation modelling when the focus is on identifying the most important characteristics. **RESULTS:** The two most important factors for the patients' overall satisfaction (PSI) of asthma treatment are the drug and the physician (both have a regression coefficient of 1.7). The nurse and the availability of the health centre are, although statistically significant, of less importance. The most important factor for compliance is the drug, where the ease of usage, and absence of side effect was estimated having a higher impact for compliance than the price and the effect of the drug. However, it is interesting to note despite showing a high PSI patients' still state low HRQL. **CONCLUSIONS:** The most important factors in the treatment of asthma from the patients point of view are the drug and the physician.

PAA20

PREFERENCE SCORES FROM ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) PATIENTS

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OBJECTIVE: Preference scores are needed for cost-effectiveness analyses that are particularly important for assessing expensive

technologies such as intensive care therapies for ARDS patients. Preference data for ARDS patients can be generated using secondary analysis of descriptive HRQOL data, but it is not known which preference algorithm is to be preferred. Our objective was to compare two methods for deriving preference scores of ARDS survivors from SF-36 scores, one Quality of Well-Being based—Fryback et al.(1997) and the other Health Utilities Index based—Nichol et al. (2002) with directly rated Visual Analogue Scale (VAS) preference. Agreement between these approaches and their validity relative to other HRQOL measures were examined. **METHODS:** Data were collected from 43 ARDS survivors identified from three major hospitals in Twin Cities, Minnesota, from 1993 to 2001. The questionnaire included the VAS, the SF-36, Center for Epidemiologic Studies-Depression, life satisfaction and happiness, and Karnofsky Performance Index. Repeated measures ANOVA and post-hoc t-tests were used to analyze differences among preference scores. The intra-class correlation coefficient (ICC) was employed to assess agreement between the two scores. Spearman rank correlation coefficients (r) were used to measure the correlation between these preferences and other health outcomes. **RESULTS:** The mean (SD) preference scores were 0.603 (0.24), 0.632 (0.09), and 0.679 (0.18) for VAS, Fryback and Nichol methods, respectively. The agreement for VAS & Nichol was higher than that for Fryback & Nichol with ICCs of 0.7744 and 0.7247, respectively. Agreement for VAS & Fryback was poor with ICC of 0.4895. The Fryback score showed poor correlation with SF-36 Mental Component Summary score, life satisfaction and happiness ($r < 0.40$); the Nichol and VAS preferences had higher correlations with these measures. **CONCLUSIONS:** Choice of preference algorithm impacts both the mean preference and its validity. In ARDS, the Nichol approach may be preferred.

BLOOD RELATED STUDIES

BLOOD RELATED STUDIES—Cost Studies

PBRI

THE ECONOMIC BURDEN OF ANEMIA IN AN INSURED POPULATION

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OBJECTIVES: Anemia is a common hematological disorder characterized by reduced hemoglobin concentration due to various causes. Conservative estimates suggest that 3.4 million individuals in the US are anemic (National Center for Health Statistics). Despite data on anemia prevalence and associated outcomes, little is known about the impact of anemia on health care utilization and costs. The National Anemia Action Council initiated this study to examine medical costs associated with anemia. **METHODS:** The study used retrospective administrative claims data (facility, professional, outpatient pharmacy) from MEDSTAT Group's MarketScan Databases for patients newly diagnosed with anemia, including up to 12 months follow up. Predisposing conditions were identified using ICD-9-CM diagnosis codes for chronic kidney disease (CKD), human immunodeficiency virus (HIV), rheumatoid arthritis (RA), inflammatory bowel disease (IBD), congestive heart failure (CHF), and solid tumor cancers. Descriptive analyses compared costs between anemic patients and a random sample of non-